

## Abstract 163

**TITLE:** Willingness to Accept Voluntary Counseling and Testing among Pregnant Women Who Initially Refused an HIV test

**AUTHORS:** Daniel J. Whitaker, Jan Moore, Kathleen A. Ethier, Emmanuel B. Walter, Tracey E. Wilson, & M. Isabel Fernandez

**BACKGROUND/OBJECTIVES:** To reduce perinatal transmission of HIV, Public Health Service guidelines recommend voluntary HIV counseling and testing (VCT) be offered to all pregnant women. A majority, but not all women accept VCT. There are a variety of reasons why women may refuse VCT, and an understanding of those factors could inform interventions designed to promote VCT. This research examines correlates of willingness to be tested for HIV among pregnant women who had previously refused an HIV test during their pregnancy.

**METHODS:** At four sites (Connecticut, Brooklyn, Miami and North Carolina), 1361 women who had been counseled and offered VCT within the past 60 days were interviewed. Only women who had refused the previous HIV test and had not signed a consent form to be tested that day were included in the current analyses ( $n = 134$ ). Women were asked questions about: their willingness to take an HIV test that day if one was offered; demographics; trimester; attitudes about their provider's manner, competence, and recommendations about HIV testing; their own attitudes about HIV testing; psychosocial factors such as depression, support, and religiousness; sexual risk behavior; drug use; perceived risk for HIV; reasons for not receiving VCT; preferred site for HIV testing (home vs. clinic).

**RESULTS:** Of the 134 women who initially refused VCT, 62 (46.3%) said they would be willing to take an HIV test if one were offered that day and 72 (53.7%) would not. Women who initially refused but were now willing to be tested, compared to those who were not willing, were less likely to be married (27% vs. 51%,  $p < .01$ ), reported greater benefits to taking an HIV test ( $M = 8.74$  vs.  $7.88$ ,  $p = .04$ ), recalled less information from their counseling session (55% vs. 70%,  $p = .01$ ), were more likely to have had an at-risk sex partner in the last 5 years (39% vs. 19%,  $p = .01$ ), and were more likely to see themselves at some risk for HIV (53% vs. 33%,  $p = .02$ ). Analyses of kinds of reasons cited for initially refusing VCT showed differences between the two groups ( $p < .01$ ), with women who were now willing to be tested citing scheduling conflicts and clinic oversights most often, while women who were not willing to be tested that day citing no need for the test and not wanting to be tested most often. Finally, women who initially refused and were unwilling to accept VCT that day more strongly preferred homebased testing compared to women who were willing to be tested that day (28% vs. 12%,  $p = .01$ ).

**DISCUSSION:** About half of pregnant women who initially refused an HIV test were willing to take a test if offered again. Women who are willing have had risky sex partners, perceive themselves to be at greater risk, perceive positive health consequences from taking the test, and cite circumstantial reasons for initially refusing the test (e.g., scheduling conflict). By offering VCT at a later time to women who initially refuse, a substantial number of women may accept the second test, particularly if operational barriers are overcome.

**PRESENTER CONTACT INFORMATION**

**Name:** Daniel J. Whitaker, Ph.D.

**Address:** Centers for Disease Control and Prevention  
1600 Clifton Road, NE, Mailstop E45  
Atlanta, GA 30333

**Phone:** 404-639-5194

**Fax:** 404-639-6118

**Email:** DPW7@CDC.GOV